

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500,660

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		21				
5		100				
6		101				
7		100				
8		100				
9		100				
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49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	8		8		8	
TOTAL CLAIMS	9					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			8		8	
TOTAL CLAIMS						

U.S. DEPARTMENT OF COMMERCE